



1645

PTO/SB/17 (10-02)

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,686.00)

## Complete if Known

Application Number	09/765,272-Conf. #9690
Filing Date	January 22, 2001
First Named Inventor	Gil H. Choi
Examiner Name	P. Duffy
Group Art Unit	1645
Attorney Docket No.	PB340P2C2

RECEIVED

FEB 20 2003

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account

Deposit Account Number 08-3425

Deposit Account Name Human Genome Sciences, Inc.

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEES CALCULATION (continued)

TECH CENTER 1600

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ 0.00)	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	82	21**	= 61 x 18.00	= 1,098.00
Independent Claims	13	6**	= 7 x 84.00	= 588.00
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 1,686.00)

\*\* or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

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Signature	L. J. Hymel			Date	February 14, 2003